U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	7 / 7 / 7 Through: 7 / 7 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Barrier at Table 1	Name Will's Jume works Long 88
	Labor Organization File Number
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Street	Street 10 11 11 11 11 11 11 11 11 11 11 11 11
City \$26.0 by/9	City (City)
State ZIP Code + 4 ZIP Code + 4	State ZIP Code'+ 4
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name A State of the state of th	
Trade Name, if any:	NO REPORTABLE TRANSCORDE
P.O. Box, Bldg., Room No. if any	7.b. Amount.
Street 100 p	
City Company of the C	
State State ZIP Code +4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Dermin F Collat his on the 1005	

Date

Telephone Number

14.b. Amount of payment.

13.b. Is the Business an Employer